

## **UT Southwestern Medical Center remarks to *The News* regarding potential drug diversions and unaccounted for medications**

*In response to a series of questions from The News, UT Southwestern sent written replies. Here is an excerpt from August 2019.*

We are disappointed that some past reporting to the DEA is considered to be deficient and to rectify this we have embraced a more stringent interpretation of DEA reporting policies.

. . . UTSW has faithfully made efforts to learn from diversion incidents and to revise procedures, policies, and practices to limit and reduce the possibility for future diversions. As we have previously said, our diversion prevention efforts are an ongoing endeavor.

We are deeply disappointed when our efforts come up short, and acknowledge the need to continually improve our processes, practices, and redundancies to reduce the potential for diversion. We hope the public recognizes that there is no effort to intentionally circumvent any reporting mandates nor to permit an environment in which diversion is successful. Our clear and stated intent is to continually improve our vigilance against diversions and continue to safeguard our patients with every resource available.

UTSW has an obligation to protect the confidentiality of its patients and employees, and therefore does not comment on individuals. Given that obligation, it is not fair to characterize our efforts to fulfill that obligation as an effort to mislead or shy away from any public accountability. We fully appreciate our duty to balance these privacy obligations with quality and safety improvements for our patients.

We understand that missteps in timely reporting of incidents can erode public trust that we are privileged to receive, and we have embraced a more stringent interpretation of DEA reporting policies to enhance our efforts as part of our culture to continually learn and improve.

While we work to improve our reporting and oversight, we have not faltered in our attention to care for patients or to help manage their pain while in our care. We note generally that diversions do not, per se, equate to a lapse in care.

We note that we are continually focused on identifying ways to further improve, e.g. using locked boxes surrounding IV bags and portless tubing, which reduces the physical opportunity for those with bad intent to access the lines. The locked box technology includes indicators when someone attempts to tamper with them.

The nationwide epidemic of opioid misuse is affecting health care systems nationwide. We recognize we are not immune, having seen these tragedies in our own midst. But we have taken actions to remove individuals who do not honor our mission and who

intentionally circumvented our efforts to prevent diversions and we have made strides in our attempts to frustrate their efforts, better secure our controlled substances, and improve our policies.

Among our most significant efforts since 2016, we have:

- Dedicated new resources in the form of a Controlled Substance Diversion Committee to review improved reporting and more quickly identify red flags;
- Established a Controlled Substance Oversight Committee to identify ongoing security improvement opportunities;
- Hired a Pharmacy Safety Coordinator, Director over Opioid Safety, and a Narcotic Technician Coordinator;
- Increased controlled substance surveillance, inventory counts, and the number of Cactus sinks for safe disposal of medications;
- Strengthened the chain of custody surveillance for all controlled substances and algorithms for investigation of suspected diversion;
- Installed physical barriers including portless tubing and bedside lock boxes for controlled substances;
- Provided additional education to our clinic and hospital staffs on identifying individuals who may have alcohol and drug dependencies so that we can provide support to them regarding their dependencies while maintaining a safe environment for our patients and staff.

We do not expect that this work can ever stop. We are continually evaluating new technologies and methods aimed at preventing drug diversion. We know we will have to do more as we aim to continuously improve our ongoing efforts. And we appreciate the problem is far larger than inside our hospital, and that we will not be able to address this solely by ourselves. The country needs improved technology and other solutions to better secure and track opioids; improved abilities to analyze data and trends that will flag when something appears amiss; improved research to find better ways to control pain; and enhancements to treatment efforts to help those who have a substance use problem find a way to escape from the desperate need for these drugs.